



# MEDIA RELEASE

STATE OF TENNESSEE  
DEPARTMENT OF FINANCE & ADMINISTRATION

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## **FIRST PHASE OF TENNCARE PREFERRED DRUG LIST GOES INTO EFFECT TOMORROW**

PREFERRED DRUG LIST EXPECTED TO SAVE TENNCARE \$150 MILLION IN  
PHARMACEUTICAL COSTS

NASHVILLE, Tenn. –TennCare will formally launch the first phase of the program's Preferred Drug List (PDL) across the state tomorrow, Wednesday, October 15, 2003.

The PDL establishes a single, preferred list of commonly prescribed drugs for TennCare enrollees. This, in turn, will not only streamline the process for doctors and pharmacists, but also drive utilization of those drugs, therefore creating significant cost savings for the State. The PDL is expected to create \$150 million in savings to the TennCare program this fiscal year.

"The implementation of a PDL will help TennCare achieve significant cost savings in our pharmacy program, which saw spending on prescription drugs for enrollees rise 29 percent last year," said TennCare Director, Manny Martins. "With this program going into effect tomorrow, we are well on the way to achieving the \$150 million in projected pharmacy cost savings by the end of this fiscal year."

The list of approved drugs was developed in consultation with pharmacists, doctors and advocates represented on the Pharmacy Advisory Committee. The program is also being implemented in phases in an effort to ensure a smooth transition for all involved. The second phase is expected to go into effect on November 15, and the third phase on December 15.

"We've worked hard to make sure the program was developed in a sensible way – from the perspective of patients, pharmacists and medical providers," said Martins. "We're hopeful that by phasing the changes in and involving doctors and pharmacists in the development of the list, we can ensure a smooth transition."

TennCare enrollees will not experience any significant change in how they obtain medications once the PDL is implemented.

Here's how the new PDL system will work:

- Enrollees present their prescription to a pharmacist
- If the drug is on the PDL, the pharmacist fills the prescription
- If the drug is not on the PDL, the pharmacy provider will attempt to contact the prescriber for authorization to change the prescription to a PDL alternative
- If the prescriber is unavailable, the pharmacy will dispense an interim, three-day supply of the prescribed medication

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- The pharmacy will continue to attempt to contact the prescriber during the three day period to seek authorization to change to a PDL drug
- If the prescriber can not be reached, or if the prescriber is unwilling to change the prescription, the pharmacy will dispense the remainder of the original prescription when the interim three-day supply is depleted

Drugs listed on the TennCare PDL do not require prior authorization; non-preferred drugs will require prior authorization.

Only the first phase of drugs that have been added to the PDL will be implemented tomorrow. Any drug in a therapeutic class that has yet to be adopted by the TennCare program is not affected.

The TennCare Pharmacy Advisory Committee, established by the General Assembly earlier this year, is developing the initial PDL by reviewing drugs in three phases. During each phase, the Committee reviews drugs in 10 therapeutic classes and makes recommendations on drugs to be included on the PDL.

The Committee made recommendations on drugs for the first phase of the PDL, which were adopted by the TennCare program, in September. The Committee met last week to make recommendations on Phase II drugs, and will meet again next month to review the third, and final, phase of medications.

The TennCare program has conducted training sessions for prescribers and pharmacists across the state for Phase I drugs. This training session, in streaming video, and the drugs that have been added to the PDL are available on the TennCare web site at <http://www.state.tn.us/tenncare/pharminfo.html>. Similar training sessions will be held after each phase has been added to the PDL.

TennCare is Tennessee's managed care insurance program for 1.3 million people who are poor, disabled or uninsured.

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